## **UNITED STATES**

		UTILITY PATENT APPLICA			Y'S DOCKET NO.	
	DECLARATION AN	D POWER OF ATTORNEY -		ОИ	207,777	
(1) TITLE OF	As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name: I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural niventors are named below) of the invention entitled I) METHODS OF DISTINGUISHING BETWEEN VASOCONSTRICTION AND VISODILATION AS A CAUSE OF HYPOTENSION					
	the specification of whi	ch				
(2) CHECK	(2) X is attached her	eto.			÷	
APPROPRIATE BOX	X was filed on March 4, 2005 as Application No. PCT/AU2005/000310					
	and was amen	ded on	(if applicable)	•		
(3) CHECK APPROPRIATE BOX	issued before the date of by me or my legal reprofor patents or inventor' application by me or m  (3) no such applic	FR 1.56(a): the invention has no of this application in any country esentatives or assigns more than a certificate on the invention file y legal representatives or assignations have been filed, or n(s) have been filed as follows:	foreign to the United State twelve months prior to the d in any country foreign	ites of America on a his application; and	an application filed as to applications	
	EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS APPLICATION					
4)COMPLETE DATA INDICATED	Country	Application Number	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority Claimed Under 35 USC 119	
IF APPLICABLE	(4)				☐ Yes ☐ No	
					☐ Yes ☐ No	
					☐ Yes ☐ No	
	ALL FOREIGN APPLICATIONS, IF ANY, FILED MORE THAN 12 MONTHS PRIOR TO THIS APPLICATION					
	(4) Australia	2004 901 160	5 March 2004			
(5) COMPLETE	insofar as the subject rapplication in the man duty to disclose materibetween the filing date.	efit under Title 35, United State natter of each of the claims of the ner provided by the first paragral al information as defined in Title of the prior application and the	uis application is not discluph of Title 35, United State 37, Code of Federal Renational or PCT international	osed in the prior Unites Code, § 112. I gulations, § 1.56(a) tonal filing date of t	aited States acknowledge the which occurred his application.	
DATA INDICA IF APPLICABL				Status: patented, pe	ending, abandoned)	
	(Application Seri	al No.) (Filin	g date)	(Status: patented, pe	ending, abandoned)	
					(Page 1 of 2)	

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

> Jeffrey A. Schwab, Registration Number 24,490 Thomas E. Spath, Registration Number 25,928 Jay S. Cinamon, Registration Number 24,156 Joseph J. Catanzaro, Registration Number 25,837

Send correspondence to: ABELMAN, FRAYNE & SCHWAB 666 Third Avenue New York, New York 10017-5621

ABELMAN, FRAYNE & SCHWAB

Anthony Coppola, Registration Number 41,493 Alan D. Gilliland, Registration Number 26,549 Anthony J. Natoli, Registration Number 36,223 Steven M. Hertzberg, Registration Number 41,834 J. David Dainow, Registration Number 22,959

Direct telephone calls to: Jeffrey A. Schwab, Thomas E. Spath, Jay S. Cinamon, Anthony J. Natoli Joseph J. Catanzaro, Alan D. Gilliland Steven M. Hertzberg, Anthony Coppola or J. David Dainow, at (212) 949-9022

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(6) DETAILS REQUIRED FOR EACH INVENTOR

Full Name of Sole or First Inventor	Inventor's Signature of the	Date 25 AUG 'o G
Michael Francis O'ROURKE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Citizenship
St. Vincent's Clinic, Suite 810, 438 Victoria St	Australia	
Post Office Address	Same as above	
Full Name of Second Joint Inventor, If Any	Inventor's Signature	Date
Residence		Citizenship
Post Office Address		
Full Name of Third Inventor, If Any	Inventor's Signature	Date
Residence		Citizenship
Post Office Address		
Full Name of Fourth Joint Inventor, If Any	Inventor's Signature	Date
Residence		Citizenship
Post Office Address		
Full Name of Fifth Joint Inventor, If Any	Inventor's Signature	Date
Residence		Citizenship
Post Office Address		
Full Name of Six Joint Inventor, If Any	Inventor's Signature	Date
Residence		Citizenship
Post Office Address		
ABELMAN, FRAYNE & SCHWAB 666	Third Avenue, New York, New York 10017-5621	Page 2 of 2